



RCE \$
2/6/06

PTO/SB/30 (04-05)

Approved for use through 07/31/2006. OMB 0651-0031

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Request For Continued Examination (RCE) Transmittal

Address to:
MS RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Application Number	10/643,164-Conf. #3585
Filing Date	August 18, 2003
First Named Inventor	Jonathan E. Greene
Art Unit	2124
Examiner Name	C. C. Do
Attorney Docket Number	102323-0130

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application.

Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application.

1. **Submission required under 37 CFR 1.114** Note: If the RCE is proper, any previously filed unentered amendments and amendments enclosed with the RCE will be entered in the order in which they were filed unless applicant instructs otherwise. If applicant does not wish to have any previously filed unentered amendment(s) entered, applicant must request non-entry of such amendment(s).
 - a. ☐ Previously submitted. If a final Office action is outstanding, any amendments filed after the final Office action may be considered as a submission even if this box is not checked.
 - i. ☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____
 - ii. ☐ Other _____
 - b. ☒ Enclosed
 - i. ☒ Amendment/Reply
 - ii. ☐ Affidavit(s)/Declaration(s)
 - iii. ☐ Information Disclosure Statement (IDS)
 - iv. ☐ Other _____
2. **Miscellaneous**
 - a. ☐ Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period of _____ months. (Period of suspension shall not exceed 3 months; Fee under 37 CFR 1.17(i) required)
 - b. ☒ Other Postcard (in duplicate)
3. **Fees** The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 when the RCE is filed.
 - a. ☐ The Director is hereby authorized to charge the following fees, any underpayment of fees, or credit any overpayments to Deposit Account No. _____. I have enclosed a duplicate copy of this sheet.
 - i. ☒ RCE fee required under 37 CFR 1.17(e)
 - ii. ☐ Extension of time fee (37 CFR 1.136 and 1.17)
 - iii. ☐ Other _____
 - b. ☒ Check in the amount of \$ 790.00 enclosed
 - c. ☐ Payment by credit card (Form PTO-2038 enclosed)

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

Signature		Date	2/6/06
Name (Print/Type)	David J. Powsner	Registration No.	31,868

Request for Continued Examination Transmittal

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: MS RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: 2/6/06

Signature: (David J. Powsner)



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FEE TRANSMITTAL For FY 2005 <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Complete if Known	
		Application Number	10/643,164-Conf. #3585
		Filing Date	August 18, 2003
		First Named Inventor	Jonathan E. Greene
		Examiner Name	C. C. Do
		Art Unit	2124
TOTAL AMOUNT OF PAYMENT		(\$)	910.00
		Attorney Docket No.	102323-0130

METHOD OF PAYMENT (check all that apply)	
<input checked="" type="checkbox"/> Check	<input type="checkbox"/> Credit Card
<input type="checkbox"/> Money Order	<input type="checkbox"/> None
<input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account	Deposit Account Number: <u>141449</u> Deposit Account Name: <u>Nutter McClennen & Fish LLP</u>
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
	FILING FEES		SEARCH FEES		EXAMINATION FEES		
		Small Entity		Small Entity		Small Entity	
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____
2. EXCESS CLAIM FEES							
						Fee (\$)	Small Entity Fee (\$)
Fee Description							
Each claim over 20 (including Reissues)						50	25
Each independent claim over 3 (including Reissues)						200	100
Multiple dependent claims						360	180
Total Claims		Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims		
46		- 46 =	x	=	Fee (\$)		Fee Paid (\$)
Indep. Claims		Extra Claims	Fee (\$)	Fee Paid (\$)			
5		- 5 =	x	=			
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof		Fee (\$)	Fee Paid (\$)		
_____	- 100 =	/50 _____ (round up to a whole number) x		_____	=		_____
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount)						Fees Paid (\$)	
Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 ...						790.00	

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent)	31,868
Name (Print/Type)	David J. Powsner	Telephone	(617) 439-2000
		Date	2/6/06

Fee Transmittal	
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Dated: 2/6/06	Signature: (David J. Powsner)

The PTO did not receive the following listed item(s) check for \$910.00 but \$790.00